

## **Prior authorization requirements for new injectable/infusible drugs — Istodax (Romidepsin), Ixempra (Ixabepilone) and Taltz (Ixekizumab)**

On December 1, 2016, prior authorization requirements will change for three new, Part B injectable/infusible drugs covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for STAR+PLUS MMP members. These drugs include: Istodax (Romidepsin), Ixempra (Ixabepilone) and Taltz (Ixekizumab). Federal and state law, as well as state contract language and CMS guidelines, including definitions and specific contract provisions/exclusions, take precedence over these prior authorization rules and must be considered first when determining coverage.

### **Noncompliance with new requirements may result in denied claims.**

Prior authorization requirements will be added to the codes below:

- Istodax (Romidepsin): for treatment of cutaneous Tcell lymphoma and peripheral Tcell lymphoma after receiving at least one prior systemic therapy; additional indications include Sezary syndrome and mycosis fungoides (J9315)
- Ixempra (Ixabepilone): for use with capecitabine in the treatment of metastatic or locally advanced breast cancer that is resistant to an anthracycline and a taxane for whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated; Ixempra is also approved as monotherapy for the treatment of metastatic or locally advanced breast cancer that is resistant or refractory to anthracyclines, taxanes and capecitabine (J9207)

Drugs billed with not otherwise classified (NOC) HCPCS J-code (J3490 and J3590):

- Taltz (Ixekizumab): for the treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy (unlisted, no J-code established at this time)

Please note, one of these drugs is currently billed under the NOC J-code J3490 and J3590. Since this code includes all drugs NOC, the plan's denial will be for the drug and not the HCPCS.

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers on the provider self-service website (<https://providers.amerigroup.com/TX> > Quick Tools > Precertification Lookup Tool).

Noncontracted providers may call Provider Services at 1-855-878-1785 for prior authorization requirements.